

# Housing Advice Common Referral Form V.2



## REFERRAL AGENCY / PROFESSIONAL DETAILS

Date form filled in	
Full name of referrer	
Agency / Office	
Contact Number	
Email	
Support Worker*	<i>* If the applicant already has a support worker, they must go to the support worker and ask for a referral to Housing Advice.</i>

↩ All contact details for member of staff or professional agency filling in form.

Tick if you know which team you are referring the applicant to.

Single or Couple  Families  Tenancy Relations  CYPS (under 18)

## DETAILS OF MAIN APPLICANT

Name		Northgate ref	
Aliases		NINO	
Age*		DoB	
<i>*If applicant is under 18, please list all siblings and parents in the boxes below.</i>			
Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
Pregnant	<input type="checkbox"/>	If pregnant, estimated due date	
Contact info	Phone		
	Mobile		
	Email		
Interpreter required?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Language
Ethnicity			

↩ Enter primary applicant details here. Please also include details of any family members, partners or dependent children also applying.

↩ We can provide an interpreter if required.

	Name of other adults & children in the household	DoB	Relationship
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

↩ All other household members should be entered here. If there isn't enough space, please supply other members on a separate sheet.

↩ Children are deemed 'dependents' if they are normally resident with the applicant, under 16 or under 18 and in full-time education.

Please continue family members on another sheet if necessary

## CURRENT AND PREVIOUS ADDRESS HISTORY

Most recent address - please do not use sofa surfing

⇐ Here we would like to build up a picture of the accommodation history of the main applicant.

Type of accommodation

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> With friends / relatives | <input type="checkbox"/> In prison       | <input type="checkbox"/> Owner-occupier                                  |
| <input type="checkbox"/> Living with parents      | <input type="checkbox"/> Council Tenancy | <input type="checkbox"/> Housing Association tenancy                     |
| <input type="checkbox"/> Privately renting        | <input type="checkbox"/> Hospital        | <input type="checkbox"/> Homelessness Hostel or B&B                      |
| <input type="checkbox"/> Rehab / treatment centre | <input type="checkbox"/> Sleeping out    | <input type="checkbox"/> Private Hotel or B&B                            |
| <input type="checkbox"/> Caravan / car / trailer  | <input type="checkbox"/> Other (details) | <div style="border: 1px solid black; width: 150px; height: 20px;"></div> |

⇐ Please tick which best describes their most recent accommodation. 'Sofa surfing' is not enough information for us to determine homelessness.

What date do they / did they become homeless?

Why do they / did they have to leave the current accommodation?

⇐ Eviction, harrassment from landlord, fleeing domestic violence etc. Please include copies of notices or eviction letters.

Have they been given a 'Notice to quit'?    Yes     No     Date it ends

Please give contact details of who is making them homeless; landlord, parent, friend, relative....

Name

Phone

Type of contact - who is this?

⇐ Please provide contact details of the person or housing provider making them homeless.

Address History

Dates at this address

Please give last 5 years - continue on separate sheet if necessary

From

To

1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

⇐ For family cases we will need a 5 year history.

⇐ Singles may be a bit more difficult to obtain, but please supply as much as you can.

⇐ If actual dates are not known, you can enter the month and year.

Please only complete the following if the client is pregnant or has dependent children

Type of accommodation required

Preferred areas of Bristol

⇐ What sort of accommodation does the assessor feel they would be best suited to?

## ELIGIBILITY

Please fill this section in to the best of your knowledge. Please do not make assumptions on any of the questions. Any UK status information can be gained from the Passport or Travel Document. If you cannot determine the answers, leave blank or ring the Housing Advice Team for assistance.

Nationality

UK / Irish national                       Indefinite leave to remain  
 A8 national                                       Limited leave to remain  
 A2 national                                       Other protection leave to remain  
 Other EEA     Other non EEA national

⇐ If possible, please provide photocopies of passports or any documentation that confirms their current UK status.

Proof of eligibility provided / Which document produced?

Local Connection

Has employment in Bristol                       Resident for at least 6 out of last 12 months  
 No connection with Bristol                       Resident for at least 3 out of last 5 years  
 Other reason     Has immediate family connections

⇐ How long have they lived in Bristol? Do they have a job or relatives here?

Have applicant or partner ever been in armed forces?    Yes     No

## HEALTH ISSUES

Physical health & mobility	
Mental health	
All medication	
Drug & alcohol history	
Details of any disabilities	

⇐ Please provide as much detail as possible regarding diagnosis, treatment, support mechanisms and how day-to-day life is affected.

⇐ Please also provide copies of any doctors' letters or prescriptions if available.

⇐ Please indicate if currently using or on a substitute, and also for how long.

⇐ Anything not mentioned above, Eg; Deaf, blind....

## OTHER HISTORY

Have they ever been in care or accommodated by Social Services?    Yes     No

*Please indicate if they have been in care on or after their 16<sup>th</sup> Birthday.*

Care history (including post 16 care)	
Rough sleeping history	
Benefits, income & savings	
Arrears & debts	

⇐ *If they are sleeping rough, or have done in the past, enter dates and places.*

⇐ *Establish amounts, either weekly or monthly and who money is owed to.*

Please give contact details of any other agencies or support providers they are involved with (eg: Social Services, Teacher/Tutor, Outreach, TOY, Probation, Resettlement, Next Link, Women's Aid...)

Organisation	Phone	
Name	Mobile	
Email		
Organisation	Phone	
Name	Mobile	
Email		
Probation order or bail condition details		
Prison Number	Release Date, if known	
Any other notes or assistance required		

⇐ *Any other agencies the applicant may be known to and/or working with or relations who offer support.*

⇐ *If this person is currently bailed to an address somewhere, we cannot immediately assist them as they are not considered as homeless. The bail conditions will need to be changed.*

**Please read this statement to the applicant**

It is helpful to us for you to allow your information to be shared by a variety of approved agencies that may be involved in helping you with your housing or support issues. It can save you from having to give the same information again and again, and will speed things up at a time when you need help quickly.

Unless you request otherwise, this form will be shared with other agencies for the purpose of assisting you with your accommodation and support needs. You may request this information under the Data Protection Act at any time by writing to Bristol City Council.

**Please tick the box if applicant agrees to this statement.**

**Please attach any risk assessments or other information**

**Once this form has been completed:**  
**You can email to: [housing.advice@bristol.gov.uk](mailto:housing.advice@bristol.gov.uk)**  
**Or fax to: 0117 352 6810**

**If you have any queries regarding Housing Advice, please ring 0117 352 6800**